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ABSTRACT

This study examined the child care needs of nurses in Sydney, Australia. Questionnaires designed to gather background information and ascertain views about child care were completed by 648 nurses. Interviews focusing on experiences with child care were conducted with 129 nurses. Information collected included data on the types of child care used, cost of child care, problems in obtaining suitable child care, and the influence of child care on career decisions. The study concluded that: (1) many nurses rearrange their work commitments to insure the well-being of their children; (2) the quality of child care is subverted by the lack of adequate facilities; (3) the special skills of women nurses are being lost because of their perception of themselves as primary caregiver to their children; and (4) increased provision of child care should be the cornerstone for overall improvement in the quality of child care. A list of 19 references is provided. (BC)

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QUALITY vs QUANTITY: ISSUES OF CHILD CARE PROVISION FOR SHIFTWORKING WOMEN

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Abstract

The increased proportion of women in the workforce in Australia closely parallels a similar trend in other western countries. The demands placed on the early childhood profession to meet the varying needs of these women are increasing. This paper focusses on one group of shiftworking women: nurses. It considers the ways in which nurses manipulate their home lives and work commitments around what is available in terms of child care. The paper also considers the expectations these professional women have of the centres or homes in which their children are placed, The main conclusions of the paper are: (a) that considerations of quality child care are subverted by the quantity of places available, and (b) that increased provision should be the cornerstone for overall improvement in the quality of provision across the industry.

Introduction

While there is a plethora of research and literature about the child care needs of working parents (see, reviews by Brennan and O'Donnell, 1988; Jankanish, 1988), there is relatively little that focusses specifically on shiftworkers. According to Brennan and O'Donnell (1988) shiftworkers face special problems with child care including the unavailability of formal child care out of hours or on weekends and the necessity for 'patchwork arrangements' commonly involving up to four different kinds of care for children.

This paper aims to provide a forum for consideration of some of the concerns of this group by focussing on the child care needs of nurses.

Child Care Needs of Nurses

Maas (1990) comments that women in the paid workforce in general, particularly those with under-school-age children, 'have the highest rates of growth for both labour force participation and numbers employed' (p8). Since 1980, the overall numbers of women in the Australian workforce have increased by 36 per cent with one in every two of the 3,500,000 women over 15 years of age now in the labour force. Thus, child care is a major issue for women in the workforce or seeking to enter it.

Further, it is acknowledged that certain female dominated occupational groups experience particular problems with child care, and this in turn significantly influences job turnover and retention. One such group - which has been chosen for consideration in this study - is nurses. According to the National Council of Health Organisations (1985)

> *A very clear wasteful exploitative and discriminatory labour utilisation pattern is evident when historical nurse labour force patterns are examined... [N]ursing has experienced systematic structural discrimination which has been perpetuated by a wasteful and cruel over-production of nurses which has not resulted in oversupply due the extraordinary high wastage and turnover rates recorded for this occupation. Those wastage rates have come about due to the lack of adequate recognition of the child care needs of a primarily female workforce...*
>
> *(National Council of Health Organisations, 1985, p1)*

There have been three published studies which provide some insight into the child care needs specifically of nurses.

The first of these is a British study by Eardley and Simpson (1980) who surveyed 108 Hospital day nurseries in England. These day nurseries are child care centres primarily established for Hospital staff, particularly nurses. In reporting their findings on the use of the nurseries, the researchers state:

> *... most nurseries had been established for the recruitment and retention of staff - either staff in general or particular groups of staff. When we compared the reasons given by each nursery with the present use of the nurseries we found that for 38 nurseries (48 per cent) there had been some departure from original intentions: in most cases, the nursery had been established primarily for the use of nurses, but in practice, the facilities had been extended to all categories of staff.*
>
> [Eardley and Simpson, 1980, p.A-36]

Eardley and Simpson also reported that most of the nurseries they surveyed had been in existence for up to 10 years, although the nursery premises were invariably converted, rather than purpose-built. Three in every four of the nurseries opened before 8.00am and more than half operated for 10 or more hours per day, five days a week. The smallest nursery had 12 places, the largest 76 with the average nursery offering approximately 30 places. The upper age limit for the

majority of the nurseries was five years or the age at which the child began full-time education. Only six of the 108 nurseries took children during school holidays. One third of the nurseries accepted babies of six months or younger. Although the Hospital nurseries surveyed were provided as a service by the DHSS, Eardley and Simpson cautioned that:

> *... the proportion of Hospitals providing any kind of child care facility for the use of staff is dwarfed by the proportion of Hospitals with no such provision; and the number of Hospital nurseries in the country as a whole who will accept babies from the age of six months is insignificant.*
>
> [Eardley and Simpson, 1980, p.A-39]

However, the authors conclude that their survey provided evidence that Hospital day nurseries were a suitable form of day care for children of working parents and that a number of Hospitals had gone some way towards facilitating the employment of women, particularly nurses, with children under school age.

A second, and more recent study, was undertaken by Kilmon and Poteet (1988) in the United States. Their research was specifically concerned with the child care problems of nurses who were classified as 'shiftworkers'. They found that the children of these nurses:

> *... most commonly were cared for in their own home or at a friend's or relative's home (55%). Only 8% were cared for at a child-care facility, a finding consistent with the lack of 24-hour child care facilities... Parents called upon a combination of alternate caretakers when the usual child care arrangements were not feasible, such as on weekends or when the child was sick.*
>
> [Kilmon and Poteet, 1988, p.372]

Kilmon and Poteet were struck by the lack of stability in caretakers and the daily schedules of nurses' children. They argued that this situation was stressful to the child who must constantly adapt to different people, locations and daily events.

These researchers suggested a number of interventions to overcome the problems they identified in their study. It is

worthwhile citing these in detail:

> *One of the most obvious measures would be to insure that these employees have access to reliable child care during their working and/or sleeping hours. This may be done by establishing a Hospital-based child care center or contracting with an established agency in the community. Child care arrangements that are able to accommodate the child with a minor illness may help reduce absenteeism. A program of structured telephone access may benefit older children who can care for themselves for brief periods of time. A telephone counselor (perhaps a hospital volunteer) could maintain contact with these children, thus relieving their parents of the need to call home frequently.*
>
> [Kilmon and Poteet, 1988, pp.372-373]

The third study of relevance was carried out in Australia by Gatfield and Griffin (1990) and culminated in the widely publicised report, Shiftworkers and Childcare: A Study of the Needs of Queensland Nurses. Information was collected by these researchers through a series of visits to regional centres in Queensland and a survey of nurses (N=1,672) from each of these centres. In their report of the findings, Gatfield and Griffin marshal some convincing arguments for the provision of child care for nurses. For instance, they first cite a number of Government sponsored reports to support their case:

> *The 1987 Department of Employment, Education and Training (DEET) Report noted: "... there is every indication that nurse shortages will continue at least into the early 1990s". In noting the importance of wastage in reducing domestic supply, the Report commented that wastage arises principally from inter alia, "lack of child care facilities".*
>
> [Gatfield and Griffin, 1990, p.6]

In detailing their own findings about the child care needs of Queensland nurses, Gatfield and Griffin are trenchant in their criticisms of the 'irrational and economically inconsistent' policies that lead to lack of child care provision for nurses. They found that among the nurses they surveyed there was a

> *... high level of dependence ... on friends or family as principal carers. Only a very minor percentage was using either family day care or centre-based care for their children... Survey results also clearly established both a need and a demand for 24-hour, 7 day child care services.*
>
> [Gatfield and Griffin, 1990, p.43]

Gatfield and Griffin did apportion blame for lack of child care provision:

> *... local Hospital managements were not prepared to encourage and support local [child care] initiatives and certainly were not prepared to recognise that work-related child care should form an important component of their human resource planning and management.*
> [Gatfield and Griffin, 1990, p.43]

Summary: Although the three studies outlined above were carried out in different countries, there were four findings common to each. First, nurses have specific child care needs, especially those nurses who may be classified as 'shiftworkers'. Second, and closely related to the foregoing, there are particular issues associated with the providing nurses with suitable child care (e.g., the need for 24-hour, 7 day child care services). Third, the three studies identified a general lack of adequate child care provision as a major problem for nurses. Fourth, the turnover and retention of nurses was always linked, as a causal factor, to the adequacy of child care provision. This latter issue is worthy of further consideration given recent research on the turnover and retention of Registered Nurses in NSW Hospitals.

It was this fourth issue that prompted consideration of the present study.

The Context of the Present Study

In 1990 two reports were made to various health agencies on factors affecting employment and retention of nurses (Battersby et al, 1990a; 1990b). Neither of these specifically highlighted child care as an issue of retention. What did become clear from these studies was that proportionally more nurses employed in the western area of Sydney (by the Western Sydney Area Health Service) had children living at home with them than did the general nursing workforce in New South Wales. (See Table 1)

Table 1: Ages of Children of the Nursing Workforce in the WSAHS Region

Nurses with Children	WSAHS Nurses	NSW RNs
	%	%
Yes	45.3	33.2
No	54.6	66.7
Ages of Children Living at Home*		
5 years or younger	40.2	32.6
Between 6 and 17 years	26.0	33.2
Over 17 years	25.4	32.9

* Percentages can total more/less than 100 because (i) some nurses have more than one child either in the same or different age group listed and/or (ii) some have children over 17 years but not living at home with them.

With this in mind, the Western Sydney Area Health Service (WSAHS) commissioned the present study to discern nurses' concerns or interests in regard to child care.

The Nursing Workforce in the WSAHS Region

A general demographic profile of the Western Sydney region would reveal a younger population group seeking cheaper housing than in other parts of Sydney. In this area of Sydney there is also a rich mix of different cultural groups.

Because the present study aims to examine the child care needs of nurses in the WSAHS region, it is important to present a profile of the nursing workforce in the region as a backdrop to a consideration of the child care issues. Such a profile can be drawn from two recently completed studies by a Research Team from Charles Sturt University (see, Battersby et al, 1990b, 1990c).

Table 2 shows the workforce profile by highlighting two groups

of nurses: those who are employed by the WSAHS; and those the general nursing population of New South Wales. There are several similarities and differences between WSAHS nurses and NSW nurses as a group. When these two groups are compared, there are slightly more males amongst the WSAHS nurses, more nurses with a degree or diploma qualification, more with greater than 10 years nursing experience, more who have been in their current position for more than three years and a similar percentage employed in registered nurse positions.

Table 2: A Profile of the Nursing Workforce in the WSAHS Region

Characteristics	WSAHS Nurses	NSW RNs
Sex	%	%
Female	87.1	90.7
Male	12.8	9.2
Age		
Under 30 years	41.4	37.7
31 to 40 years	35.5	45.6
Over 40 years	23.6	19.3
Children Living at Home		
Yes	45.3	33.2
No	54.6	66.7
Qualifications		
General Nursing Cert.	73.1	85.3
Midwifery	26.9	27.4
DipAppSci	11.7	10.7
Degree	8.6	5.5
Years of Service as a RN		
Less than 2 years	11.2	15.2
From 2 to 6 years	14.6	18.4
From 6 to 10 years	22.0	22.9
More than 10 years	49.0	37.3
Career Break(s) From Nursing		
Yes	50.1	58.2
No	49.9	41.7
Length of Time in Current Employment		
Less than 1 year	29.2	31.1
1 to 3 years	26.3	30.4
More than 3 years	44.5	28.5
Position in Current Employment		
Registered Nurse	67.7	66.5
Clinical Nurse Specialist	11.1	17.6
Other nursing position	21.2	15.9

Socio-Political Factors Associated with the Study

It needs to be understood that there were several factors relevant to this study that should be taken into consideration when reviewing its outcomes.

First, the study was carried out at a time when there was considerable flux concerning child care policy and provision. In 1990, the Prime Minister launched the National Child Care Strategy in which he gave a commitment to extend the 30,000 additional child care places to be provided by 1992-93 by a further 50,000 places by 1995-96. Although it was evident that a proportion of these places would be assigned to NSW and to Western Sydney in particular, it remained unclear throughout the study as to the precise number of licensed child care places that would become available in the WSAHS region because of the National Child Care Strategy. Likewise, towards the end of the present study, a State election in NSW brought promises of an increase in the number of child care places in Western Sydney. Thus, while it appears certain that there will be an increase in the number of licensed child care places in the WSAHS region and in Western Sydney, the extent of the increase, and when it will occur, is unclear.

Second, just prior to the commencement of the research, the Hawke Government signed the International Labour Organisation's Convention 156 on 'Workers with Family Responsibilities'. In announcing that the Convention was to be ratified, Prime Minister Hawke explained that:

> *The aim of the Convention is to commit Governments to making a fundamental objective of policy to enable workers with family responsibilities who are employed, or who wish to be employed, to do so without discrimination.*
>
> [Hawke, 1990, p.4]

In the field of child care, ratification of the Convention has prompted the Government *inter alia* to extend taxation concessions on financial contributions made by employers towards the cost of providing child care for their employees.

It is also likely to result in Government sponsorship of work-based child care for public sector employees. Again, while these initiatives will have flow-on effects in NSW, the extent of their influence on the provision of licensed child care places in Western Sydney is uncertain.

Third, the current study was carried out a time when a number of Hospitals in metropolitan Sydney were witnessing a change in the patterns of recruitment, turnover and retention of nurses (see, McGrath, 1990). While there continued to be a shortage of nursing staff in some specialist areas, nursing staff turnover across the State was on the decline and problems with recruitment of nurses appeared to be less critical than had hitherto been the case. These trends were also apparent in the WSAHS (see, Battersby et al, 1990b). This situation is important to consider in the context of the present study, particularly when examining the influence of child care provision on nursing staff turnover, retention and recruitment.

Fourth, due to an ongoing, vigorous and well publicised campaign by the NSW Nurses' Association, there has been a heightened awareness amongst nurses in NSW about their need for work-related child care, particularly 24 hour care. Since August 1984, the Association has had a child care policy. It therefore should not be surprising to find that nurses, probably more so than other professional groups, are generally well informed about the arguments for child care and have clear expectations of the need for Hospitals and Area Health Services to provide work-related child care.

Research Instruments

Data was collected in this study using two different techniques: questionnaires and an interview schedule. The questionnaires were designed to gather background information on the respondents (e.g., age, sex, years of experience, number of children, etc.) and to ascertain the respondent's

views about child care (e.g., availability, cost, etc.). The interview schedule focussed specifically on each nurse's experiences with child care.

Part Two: The Impact of Child Care on Nurses' Careers

The following discussion is based on questionnaire data from 648 nurses and interviews with 129 nurses, all of whom were employed by the WSAHS. This combined sample represented about 25 per cent of all nurses working for the Area Health Service. The discussion will provide an analysis of the questionnaire data and, where appropriate, this will be embellished with anecdotes from the interviews.

Of the 648 nurses who completed the questionnaire, 483 had children living with them at home. This sub-sample of 483 was approximately 36 per cent of all nurses with children (N=1,359) employed by the WSAHS. Table 3 shows that in comparison with WSAHS nurses with children, the sub-sample had a higher percentage of nurses with children five years of age or younger and also a higher percentage with children in the school age group.

Table 3: The Sub-sample of Nurses with Children (N=483) Employed by the WSAHS

Ages of Children Living at Home	Sub-Sample (N=483)*	Nurses Employed by WSAHS who have Children (N=1359)*
	%	%
5 years or younger	55.5	40.2
Between 6 and 17 years	75.7	26.0
Over 17 years	8.3	25.4

* Percentages can total more/less than 100 because (i) some nurses have more than one child either in the same or different age group listed and/or (ii) some have children over 17 years but not living at home with them.

Characteristics of the Sub-Sample (N=483): Two in every three nurses from the sub-sample were employed in Registered Nurse positions; approximately one in five was a Nursing Unit Manager or Clinical Nurse Specialist; and, one in ten of the respondents was an Enrolled Nurse. Half the sub-sample were in full-time positions; the other half were part-time. Ninety two per cent of the nurses were female. Three quarters of the sub-sample were under 35 years of age. One in seven had a degree or diploma qualification. Eighty seven per cent of the sub-sample had more than six years experience as Registered Nurses. Seventy per cent had a career break from nursing with nine in ten using the career break to care for children.

Types of Child Care Used: As with the sub-sample referred to in Part One of the discussion, only 54 per cent of the nurses in this sub-sample actually used child care. The types of child care they used are listed in Table 4.

Table 4: Types of Child Care Used by Nurses with Children Employed by the WSAHS

Types of Child Care	% of Nurses Using this Type*
Long Day Care	18.5%
Family Day Care	6.5%
Occasional Care	3.1%
Family Member	34.3%
Baby Sitter	22.6%
Pre-school	4.1%
Holiday/Vacation Care	4.8%
Before and/or After School Care	4.5%
Other	1.7%

* Percentages total more than 100 because some nurses used more than one type of care.

'Informal care' (e.g., family member, baby sitter) was again the most common type of child care chosen by nurses, followed by long day care. Forty per cent of the nurses had one child receiving care; a half of them had two children in care; and, 24 nurses had three or more children in child care.

Cost of Child Care: Table 5 details the fortnightly child care costs for the nurses. The majority of nurses spent less than $200 per fortnight on child care.

Table 5: Costs of Child Care Used by Nurses with Children Employed by the WSAHS

Costs of Child Care Each Fortnight	% of Nurses in this Category
No costs involved	20.0%
Up to $50	22.7%
Between $50 and $100	26.9%
Between $100 and $150	16.9%
Between $150 and $200	7.6%
More than $200	5.4%

Thirteen per cent of the nurses using child care received a subsidy, although only 17 per cent of the nurses who had children in child care had ever applied for a subsidy. For 80 per cent of the nurses, less than one quarter of their income went on meeting the costs of child care. However, in both the interviews and questionnaire responses, most of the nurses generally commented that they thought child care costs were too expensive:

> *Child care costs are too expensive once you have more than one child. I pay $20 per day and if I worked full-time with my two children it would cost $400 per fortnight - at least one third of a full-time wage. It seems hardly worth it. This is the reason why I don't work full-time.*
> [Clinical Nurse Specialist]

> *It's costing $387 per fortnight for my children. I mean that's expensive. The Centre is open for 49 weeks of the*

year and you pay for 49 weeks whether you use it or not and that includes public holidays, your holidays and whether you're sick or the children are sick.
[Registered Nurse - Interview]

I feel I pay a large amount on child care. Two of the four days I work go directly to paying for child care.
[Nursing Unit Manager]

To obtain child care, I am forced to work set hours and therefore my wages are lower without any shift penalties. This means a large proportion of my income is spent on child care. When you have more than one child, as I have, you work simply to pay for child care costs!
[Registered Nurse - Interview]

Problems Obtaining Suitable Child Care: Sixty per cent of the nurses using child care said they had problems obtaining suitable care for their children and a number gave reasons for this:

Actually obtaining child care places in Western Sydney for two children under three is impossible.
[Registered Nurse]

The main problem is the waiting period. To book a child for day care in the area where I work you have to wait for years.
[Registered Nurse - Interview]

Getting child care for the under two age group during normal working hours is almost an impossibility.
[Research Nurse]

I don't like working from nine to five. It's not my preference. But you try and get someone to look after a child until 11.30 at night. It just doesn't happen.
[Registered Nurse - Interview]

Twenty eight per cent of those nurses who used either formal or informal child care commented that they experienced problems with their current arrangements. These problems were wide-ranging as the following anecdotes demonstrate:

I have to work at my present Hospital because it is only five minutes from home. I have to work at night because my children are under five years and I am the primary care giver. I sleep between the hours my husband gets home from work and my starting time. Everything has to run like clockwork, otherwise we have problems.
[Registered Nurse - Interview]

With my occasional care centre, bookings can only be made one week in advance. I often miss out because I am the last one to book because I have to work when the bookings are made.

[Clinical Nurse Specialist]

Mum minds the children while I work, but I can't expect her to do much for the kids. She's a bit old. All she can provide is companionship for them.

[Registered Nurse]

It's virtually impossible to use my baby sitter because I am now on a rotating roster.

[Registered Nurse]

I am supposed to start work at 7.00am. So, I have to look for child care between 7.00 and 7.30 because the Centre doesn't open until 7.30.

[Registered Nurse - Interview]

For most of the nurses, any problems they may have had with their current child care arrangements were compounded when their children were sick. Fifty five per cent of the nurses indicated they take time off work to care for sick children and a further one third said they 'occasionally' took time off for a sick child. Some commented why this was necessary:

If the kids are sick they are not accepted by the day care centre. The only option I have is to stay at home with them until they are better.

[Clinical Nurse Consultant]

If the children are sick, the first thing I do is panic. We still have to pay for child care and I also have to take a day off work.

[Registered Nurse - Interview]

When my baby is sick or when my mother-in-law who cares for her is sick, I cancel my shift.

[Registered Nurse - Interview]

I really can't go to work and leave the children with the baby sitter if they are not feeling well. This is when they really need their mother.

[Registered Nurse]

<u>The Influence of Child Care on Career Decisions</u>: Child care issues had a significant effect on the nurses' decisions about their career. Two thirds of the sub-sample remarked that having children had influenced their careers:

Let's face it - kids stuff-up your career as a nurse. To

pick up nursing after seven years off is really difficult. I needed child care, but it's too late now. It's after school care that I have to look for now.

[Registered Nurse - Interview]

Because of children I can only work part-time. This has set back my goal to become a Clinical Nurse Specialist. I miss out on being able to go to seminars. I feel I do not get an equal chance with the full timers to do the management and inter-Hospital courses.

[Registered Nurse]

I have never been able to complete any further training due to the unavailability of child care for the children.

[Registered Nurse]

Nearly one in every two nurses commented that their career intentions over the coming 12 months would be influenced by considerations of child care. The reasons they gave varied considerably. Two examples were:

If I lose my baby sitter I have lost my career. There would be no way that I could find a replacement whom I could feel secure with.

[Registered Nurse]

I will be moving to a new housing estate. If a child care facility there is not available then I'll probably work only when my husband can take care of the children, if he's willing to ...

[Registered Nurse - Interview]

Provision of Child Care and Remaining in Employment: The nurses were asked for their views about whether the Area Health Service and/or Hospitals had a responsibility to provide child care for nurses. In analysing the replies, the responses from the 648 nurses (rather than just the 489 who had children living with them) were considered.

Four in every five of the nurses commented that the Hospitals and/or the Area Health Service did have a responsibility, in their view, to provide child care for nurses. The types of child care most needed by nurses were those outlined in Table 6 overleaf, where it is clear that extended hours care was considered the most appropriate by them.

Table 6: Types of Child Care Most Needed by Nurses Employed by the WSAHS

Types of Child Care Most Needed	% Nurses Identifying this Type*
Extended Hours Care	75.4%
Holiday/Vacation Care	33.3%
Before and/or After School Care	31.9%
Long Day Care	27.6%
Occasional/Emergency Care	26.3%

* Percentages total more than 100 because some nurses identified more than one type of care.

When asked, "If child care was provided by the Area Health Service and/or the Hospitals, would you use it if it was not subsidised?", 51 per cent of the nurses indicated they would; 16 per cent said 'No'; and, the remainder (33 per cent) were unsure.

Finally, 96 per cent of the nurses indicated that if child care was made available, by the Area Health Service and/or the Hospitals, then it would have a positive effect, as the following comments show:

> *If child care was more freely available to nurses, I'd be able to work the shifts I wanted. The fact that child care would be nearby would free me of the worry of whether the child was getting good care.*
>
> [Registered Nurse]

> *If I could get Hospital-based care I would be able to work more days during the week. This would really strengthen my career and make working at this Hospital so much more worthwhile.*
>
> [Registered Nurse]

> *If your child is well looked after and you're happy and secure about this, then it is easier to commit yourself to your job and the Hospital. It would be great if the Hospital provided suitable and affordable child care. It would have such a positive impact on the nurses with children at this Hospital.*
>
> [Nursing Unit Manager]

Conclusion

Overall, this study has indicated thus far that nurses are concerned about the level of child care that is available to them. Many have to rearrange their work commitments in order to ensure the well-being of their children. For those without closely-knit support groups, care of their children may be by telephone mode during breaks from the ward. These nurses represent one group of shiftworking women for whom quality of care has been subverted by the quantity of childcare places that are available. Alternatively, the specialist skills of these women, developed over years of education, undergraduate and postgraduate, is being lost because of their perception of their responsibility of being the prime care-giver to their children.

A commitment to improvement in the quantity of quality child care places must facilitate a reduction in the rate that nursing skills are being lost to the industry; an improvement in child care availability; an improvement in the life styles of these women and a better chance for *quality* of opportunity for their children.

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